

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400694454

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10467
 2. Name of Operator: TABULA RASA ENERGY LLC
 3. Address: 12012 WICKCHESTER LANE #660
 City: HOUSTON State: TX Zip: 77079
 4. Contact Name: Bob Sutherland
 Phone: (281) 668-8478
 Fax:
 Email: bobs@tr-energy.net

5. API Number 05-055-06312-00
 6. County: HUERFANO
 7. Well Name: Caddell
 Well Number: 2
 8. Location: QtrQtr: NESE Section: 4 Township: 29S Range: 69W Meridian: 6
 9. Field Name: OAKDALE Field Code: 60610

Completed Interval

FORMATION: ENTRADA Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 01/17/2014 End Date: 01/17/2014 Date of First Production this formation: 04/04/2014
 Perforations Top: 5706 Bottom: 5772 No. Holes: 248 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3000 Gallons of 15% HCL acid plus 300 bio balls.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 618

Max pressure during treatment (psi): 100

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 534

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 320

Fresh water used in treatment (bbl):

Disposition method for flowback: DISPOSAL

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/05/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 2526 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2526 Bbl H2O: 0 GOR:
 Test Method: Flowing Casing PSI: Tubing PSI: 276 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 66 API Gravity Oil: 0
 Tubing Size: 3 + 1/2 Tubing Setting Depth: 5664 Tbg setting date: 01/17/2014 Packer Depth: 5664

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Please include Kimberly J. Rodell in all e-mail correspondence for this Completed Interval Report. Thank you.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kimberly Rodell _____

Title: Permit Agent _____

Date: _____

Email: krodell@upstreampm.com _____

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Attachment Check List

Att Doc Num

Name

400694475

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)